

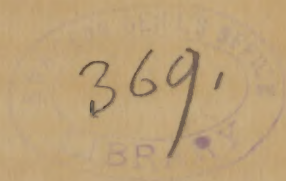
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State Care *versus* County Care
of the Insane.

Being the Annual Address delivered
before the New York Neurological
Society,
May 7, 1889.

BY
GEORGE W. JACOBY, M. D.

REPRINTED FROM
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THE position which this society occupies and has occupied almost since its birth has been one of double character. The one devoted to ourselves, to the study and advancement of neurology in all its minuteness, the other devoted to the public, aiding and guiding it in the formation of opinions upon subjects of which we are supposed to possess special knowledge. Often has the expressed opinion of this society led to the adoption of beneficial and far-reaching reforms. Probably the most pronounced of these was the amelioration in the condition of the insane in public asylums, which in great part was due to the decisive stand which this society took upon this question in 1878 and 1879.

I need not review the tribulations and attacks to which the society was subjected at that time in consequence thereof; it suffices to regard the result attained and to know that these labors were not in vain.



I beg to be excused for recalling to your mind these facts, which are well known and appreciated, but my object is to ask you to retrace your steps and to assist in remedying defects which in their way are greater than those so successfully combated ten years ago. I bespeak your individual and collective support of what must be acknowledged to be the leading humanitarian question of the day. It is that of *State care against county care for the insane*. I am aware that the society as such is in favor of the transfer of the insane of this State from county to State care, as expressed in a resolution adopted over a year ago, but I have met many members who are not so well instructed upon this subject as its importance warrants—members who, I am convinced, will, when they once recognize the import of this change, give all measures tending to its accomplishment their full and active support.

Humanitarian principles make it plain that we owe to the insane the best that we are capable of giving—the best medical treatment, the highest grade of attendants, occupation, instruction, etc. Furthermore, it must be conceded that whatever advance our State asylums may still be capable of, they to-day represent—and this is largely due to the efforts of this society—the best care for the insane thus far attained in this country.

It will also be acknowledged that the State is under obligation to make proper provision for the care of all its insane. This is a principle which has been recognized by nearly all the States of the Union; thus in Ohio, Illinois, Indiana, Kansas, Mississippi, and Dakota provisions for both the acute and chronic insane are made by the State, although the law is not in all of them fully carried out, while in Connecticut, Michigan, and Pennsylvania this obligation is practically fulfilled. Here in New York we have but to take a brief retrospect of the history of legislation for the in-

sane to see that this principle has been repeatedly enunciated. We find that in 1831, before a single State asylum had been erected, a report was made to the Legislature by a commission (the Hon. A. C. Paige, chairman) which contained the recommendation that asylums be erected "of sufficient dimensions and number to accommodate all the insane."

About twenty-five years later, at the convention of the superintendents of the poor held in Utica, the following resolutions were passed:

"*Resolved*, That the State should make ample and suitable provision for all of its insane not able to reside in private families.

"*Resolved*, That no insane person should be treated or in any way taken care of in any county poor-house, or alms-house, or other receptacle provided for, and in which paupers are maintained or supported."

That the idea embodied in the recommendation of 1831 and the resolutions of 1845 was acted upon by the various legislatures is shown by the successive opening of the different State asylums—in 1843 the New York State Lunatic Asylum at Utica, for acute insane; 1869, the Willard Asylum, for chronic insane; 1871, the Hudson River State Hospital and the State Asylum at Middletown; 1880, the Buffalo Asylum; and in 1881 the Binghamton Asylum, for the chronic insane.

The desire of the State thus to make proper provision, first, for its acute, then for its chronic insane, becomes clear.

The first apparent break in this principle was made when in 1871 the Willard Asylum became overcrowded, and, instead of making further provision for the insane by the State, the Legislature empowered the State Board of Charities to exempt any county from the Willard Asylum Act.

What influence this provision has had is shown by the fact that at present, while there are six State hospitals for the pauper insane—three receiving acute, two chronic, and one both acute and chronic cases of insanity—there are nearly twice as many insane in the county poor-houses (excluding New York, Kings, and Monroe Counties) as were found by Dr. Willard in 1865. As the law stands at present, of the sixty counties of the State, all, with the exception of New York, Kings, and Monroe Counties, are obliged to send their acute pauper insane to State hospitals, and forty counties are by law obliged also to do the same with their chronic pauper insane. The others keep their chronic pauper insane by permission of the State Board of Charities, or by virtue of a special act of the Legislature. The present agitation tends simply toward an enforcement of the general law, so that no exemptions shall be granted under any circumstances and all the insane of the State shall be placed under State care. The least that the State, which has deprived the insane of their liberty, can do in return is to guarantee them full protection; and this protection means the furnishing of the best possible care for one and all. Every insane person in the State ought to enjoy the advantages accruing from the progress which has been made in the care of the insane.

That this is not and can not be accorded them in county institutions is conceded. Even admitting that the condition of the insane in county poor-houses is improved when compared to what it was years ago, admitting that the neglect and abuse formerly prevalent are abolished, still every person familiar with the management of State asylums and of county poor-houses must acknowledge that the care furnished by the State is decidedly superior to that furnished by the counties. An investigation by the State Charities Aid Association extending over fourteen years, during which

time the poor-houses and almshouses throughout the State were repeatedly visited, verifies this statement, as does also their last report, as well as that of the Commissioner in Lunacy. If we take up the first of these reports, we find among others (and I shall only cite three) the following charges of mismanagement.

Of Erie County it is said :

"A lad, an insane boy of fifteen years, who had some weakness of the bladder and other organs, was found strapped upon an ordinary commode. He was placed there every morning when he was taken out of his bed, and was never taken off from it until evening. That boy was placed in a room where there were at least fifteen sick and insane men and one child. The attendant upon these people was an idiotic man. A child, eleven years of age, apparently insane, was found strapped to some kind of a chair, and, according to statements of the attendant, was not removed from morning until night. At Willard there are for every ten insane persons one attendant, and here only one to twenty-five."

Of Ulster County we read :

"The safety of the inmates has been imperiled by the lack of attendants. One illustration will suffice. From two to four insane are locked up at night in each room. The corridor is locked and the keeper retires for the night to a distant part of the building. One morning the inmates were discovered fighting each other with the slats taken from their beds."

Of Wayne County it is said :

"In the attic were found, in two cells under the slanting roof, two women who were so diseased that it was impossible with the small force of attendants to keep them in proper condition in the halls below. Excepting through their grated doors, the cells were unlighted and unventi-

lated. One of the women was blind; the keeper said 'she would not come out,' so her door was not locked. The other was locked in. During most of the time the attic is unoccupied by any other person, and if the nurse comes here, she must leave the halls below unattended."

Do these excerpts read any better than the descriptions from the time when the insane were thrown into prisons or burned for witchcraft? The present State Commissioner in Lunacy, judging from his general remarks, believes that the insane can be as well cared for in county as in State institutions, but when we analyze his report we find the following complaints made:

Broome County.—"A better system of ventilation is needed. . . . The dining-room is underground and damp and unfit for this use. . . . In the poor-house there are now three insane patients who are filthy and demand special attention."

Clinton County.—"It is not the custom of this asylum to provide employment for patients, and but five were engaged in any occupation. Pauper inmates and the insane are indiscriminately associated."

Chenango County.—"Better ventilation of the female wards 1, 2, 4, and 5 is recommended."

Cortland County.—"The water supply is entirely inadequate."

Lewis County.—"A better system of ventilation is recommended."

Oneida County.—"The old building needs renovation. . . . The single division of one hundred and forty-five (males) I think inadequate for the proper classification of the quiet cases from the disturbed and filthy. . . . A case-book is needed by the attending physician, wherein notes may be made from time to time, thereby affording facilities for recording any change in the mental and physical condition of

the insane patients. . . . A male and female night attendant are especially needed, etc."

Onondaga County.—"On the day of visitation, July 7th, the keeper, matron, and two of the attendants were absent. Visited again on August 29th. Wards overcrowded, and sleeping-rooms too small for a proper ventilation; the fare was extremely plain and the bread was stale and unpalatable."

Orange County.—"The basement is used as a ward for males, one side of which is underground and is damp and unfit for habitation."

Oswego County.—"Renovation and better ventilation are needed. The windows might be protected by bars or strong wire screens. . . . A female and male night attendant are needed."

Wayne County.—"Wards in the old building are overcrowded and badly ventilated."

If we compare these remarks with those in the same report about State asylums, we are at a loss to comprehend how it is that the commissioner has arrived at any other conclusion than that of State care being vastly superior to county care.

While acknowledging the facts set forth in these abstracts, excuses are sought by the advocates of county care to explain the existence of these conditions. The editor of the "Medico-legal Journal," in the March number of that journal, attributes these facts to the non-enforcement of powers vested in the State Board of Charities, and believes that the abolition of this board would remedy the defects of county care. This erroneous process of reasoning, which has also been applied by others, sees the withered branches of the tree only and does not realize that another and deeper-lying cause is the productive agency. The trouble here is that the agitation, like most movements for asylum reform,

is supposed to rest upon isolated and flagrant abuses. This is erroneous, for the fault does not lie with the State Board of Charities, nor with the State Commissioner, nor with the County Superintendent, nor hardly with each individual asylum; but the fault lies with the entire system. The system is bad from beginning to end, and no amount of inspection, no amount of special legislation, can remedy defects which are inherent in the system itself. Local interests and politics govern and influence the care of the insane. A new superintendent of the poor, who is elected every few years, means a new keeper for the poor-house, who in some counties is also elected on the county ticket, and subordinate positions are filled by him as a reward for political services. Even the physician, when one is appointed, is selected on account of his party affiliation and not on account of his skill or professional standing.

The administration of laws, no matter how good they may be, when devolving upon county officials, permits their desire to make an economical showing, and this is necessary, in order to retain their places, to extinguish the natural spark of humanity which they must possess. In the interests of economy, the requisite number of wards will be sacrificed, classification is not attempted or is unworthy of the name, the number of trained attendants becomes inadequate, and the diet and general care for the insane are lowered to the standard deemed sufficient for the poor-house inmates. A uniform standard is adopted, and I think it needs no argument to show that provision sufficient for the ordinary poor-house inmate is entirely inadequate for the necessities of the insane. It is impossible to prevent these and other great abuses from creeping into the management of any institution in which an entire change of officials occurs, and is expected, every few years. It has been suggested that these unstable elements could be eliminated by having a

board of non-partisan managers appointed by the county supervisors, or, better still, by having trustees appointed by the Supreme Court, with the government resting in them. These suggestions can only be regarded as half-way measures, cumbersome substitutes for State care.

It is superfluous here to enter into a discussion about the superiority of State care. What our State asylums are is known to every one of our members, but it will do no harm to recall to your memory that the State asylums are governed by a board of trustees, who are appointed by the Governor and serve without compensation. These trustees, who accept the position solely from philanthropic motives, appoint a superintendent, who holds the position for life if competent. Subordinate officers are likewise sure of retaining their positions under similar circumstances.

It is interesting to examine also the other side of the case and see what arguments are adduced by the advocates of county care to warrant its continuance. Not only is it interesting, but I think that a mere enumeration of their points of defense will suffice to convince you that these advocates are either unable or unwilling to answer the arguments and allegations of their opponents.

Firstly, it is said that it is cruel to take the insane so far away from home, from relatives and friends, who can not go to see them in the distant State asylums; *secondly*, that the removal of the insane interferes with local self-government, and that "the primitive right of the counties to care for their own insane can not be disputed," because "where taxes are raised, there they should as far as possible be spent"; and, *thirdly*, the financial argument is adduced by which it is attempted to show that a great outlay of money would be needed in order to erect suitable State buildings for *all* the insane, and that, furthermore, State care is more expensive than county care.

The first two arguments hardly deserve serious consideration unless you are willing to place the right of the taxpayer above the welfare of the insane, and the third, which is really of importance, has been successfully answered and controverted by reliable authorities. It would lead us entirely beyond our province to enter upon this question here; but this much is positive, that the American people certainly never were and never will be parsimonious in their charities. For us the best care must be the cheapest.

Finally, as an instance of what makeshifts are used in the place of argument, allow me to cite the following: In the "Annual Report of the State Charities Aid Association for 1887" we find an anonymous communication, which says: "One of our insane girls is soon to bring into the asylum a newly born infant, the father of which is an insane inmate." In the report of the State Commissioner in Lunacy, dated January, 1889, we find that this accusation relates to Wayne County, and affidavits are there printed, made by the keeper of Wayne County Insane Asylum and by the superintendent of the poor of Wayne County, setting forth that during their term of service no "female insane" has become pregnant in the asylum. Only lately it has been shown by Mr. Oscar Craig, of Rochester, one of the State Commissioners of Charities, that these affidavits are only to be taken literally; that the offspring was not that of an *insane* woman, but of an *idiot* woman.

Comments are superfluous. We, as practical men, must also remember that this question is not simply a matter of theory, but that practical experience with the care of the pauper insane of all countries justifies the conclusion which Mr. Letchworth has drawn in his recently published admirable work on the insane in foreign countries, that in the institutions variously designated as poor-houses, work-houses, or almshouses, which contained insane persons, either in

separate departments or in ordinary wards, "the provisions for their care did not reach the ordinary standard."

I will now bring these fragmentary remarks to a close, and I shall feel perfectly satisfied if they prove a stimulus to your interest in this question, for I am sure that slight further investigation will satisfactorily demonstrate to you that the interests of the insane are best served, and that they are surest to receive the most intelligent and most humane care, where they are placed directly under State control and supervision.



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